

SENIORS. You are not forgotten. - Companionship Program

VOLUNTEER COMPANIONSHIP AGREEMENT

1. Volunteer Information

Name: _____

Phone: _____

Email: _____

Address: _____

2. Purpose of Service

I understand that my role is to provide companionship, emotional support, and positive social interaction to seniors through regular visits, conversations, and approved activities.

3. Commitment

- Visit my assigned senior(s) on a regular basis (weekly or biweekly)
- Communicate promptly if I need to reschedule or pause visits
- Treat all seniors with patience, respect, and kindness

4. Background Check

I understand that a background check is required before I can begin volunteering.
I agree to complete and authorize the background check process.

5. Confidentiality

I agree to keep all personal, medical, and private information about seniors confidential.
I will not share photos, details, or conversations without written permission.

6. Conduct & Safety

- Follow all rules and guidelines of the nursing home or facility
- Report any concerns, incidents, or changes in a senior's condition
- Never provide medical care or handle personal property or money

7. Liability

I understand that I am volunteering at my own risk and agree to hold the organization harmless for any injuries or incidents not caused by negligence.

8. Termination

I understand this role may end at any time if expectations are not met or circumstances change.

Volunteer Agreement & Signature

Signature: _____

Printed Name: _____

Date: _____

Program Representative (if applicable):

Signature: _____

Date: _____